

WAC 246-976-750 Pediatric trauma service designation—Administration and organization.

		LEVELS		
A facility with a designated pediatric trauma care service must have:		I	II	III
(1)	A written scope of trauma service for pediatric trauma patients consistent with chapter 246-976 WAC, community needs and the approved regional plan. The written scope of trauma service must delineate the resources and capabilities available for pediatric trauma patient care twenty-four hours every day;	X	X	X
(2)	A trauma service director responsible for organization and direction of the trauma service. The director must be a general surgeon with special competence in care of the injured child. The director may delegate duties to another physician with special competence in care of the injured child, but the director must maintain responsibility for the trauma service;	X	X	X
(3)	A trauma service coordinator responsible for ongoing coordination of the trauma service. The coordinator must be a registered nurse with special competence in the care of the injured child;	X	X	X
(4)	A multidisciplinary trauma committee chaired by the trauma service director with membership that reflects your written scope of pediatric trauma service. The multidisciplinary trauma committee must have responsibility and authority for establishing and changing trauma care policy and procedure and for conducting the trauma service quality improvement program in accordance with WAC 246-976-881;	X	X	X
(5)	A full trauma team to provide initial evaluation, resuscitation and treatment. The full trauma team must include:	X	X	X
(a)	A board-certified pediatric surgeon or general surgeon with special competence in care of the injured child, who organizes and directs the team and assumes responsibility for coordination of overall care of the trauma patient (for level I the surgeon must be at least a postgraduate year four resident);	X	X	X
(b)	An emergency physician with special competence in pediatric care who is responsible for providing team leadership and care for the trauma patient until the arrival of the general surgeon in the resuscitation area;	X	X	X
(c)	A board-certified pediatric physician. This requirement is met if a pediatric intensivist or a pediatric emergency physician or a pediatrician responds to the full trauma team activation (for level I the pediatric physician must be a least a postgraduate year two resident). This requirement is also met if the surgeon responder is a board-certified pediatric surgeon. The pediatric board-certified physician must be:	X	X	X
(i)	Available within five minutes of team leader's request;	X		
(ii)	On-call and available within twenty minutes of team leader's request;		X	
(iii)	On-call and available within thirty minutes of team leader's request;			X
(d)	The trauma service must identify all other members of the team to reflect your written scope of pediatric trauma service;	X	X	X
(6)	A method for activating the trauma team as described is consistent with WAC 246-976-870;	X	X	X

		LEVELS		
A facility with a designated pediatric trauma care service must have:		I	II	III
(7)	A written policy and procedures to divert patients to other designated trauma care services when the facility's resources are temporarily unavailable for trauma patient care. The policy must include:	X	X	X
(a)	The facility and/or patient criteria used to decide when to divert a trauma patient;	X	X	X
(b)	A process to coordinate trauma patient diversions with other area trauma services and prehospita l agencies;	X	X	X
(c)	A method for documenting trauma patient diversions including: Date, time, duration, reason, and decision maker;	X	X	X
(8)	Interfacility transfer guidelines and agreements consistent with your written scope of trauma service and consistent with WAC 246-976-890;	X	X	X
(9)	A heli-stop, landing zone, or airport located close enough to permit the facility to receive or transfer patients by fixed-wing or rotary-wing aircraft;	X	X	X
(10)	Participation in the state trauma registry as required in WAC 246-976-430, with a person identified as responsible for coordination of trauma registry activities;	X	X	X
(11)	A quality assurance program conducted by the multidisciplinary committee with special focus of pediatric patient care and consistent with WAC 246-976-881;	X	X	X
(12)	Participation in the regional quality assurance program consistent with WAC 246-976-910.	X	X	X